PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 4316 - 040284
Application Number 10/775,306	Filed 2/10/2004
For "Method and Apparatus for Facilitating Control of a Target Computer by a Remote Computer"	
Art Unit 2144	Examiner Peling Andy SHAW

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☑	One month (37 CFR 1.17(a)(1))	$120	$60	$ 60.00
☐	Two months (37 CFR 1.17(a)(2))	$460	$230	$
☐	Three months (37 CFR 1.17(a)(3))	$1050	$525	$
☐	Four months (37 CFR 1.17(a)(4))	$1640	$820	$
☐	Five months (37 CFR 1.17(a)(5))	$2230	$1115	$

☑ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☑ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

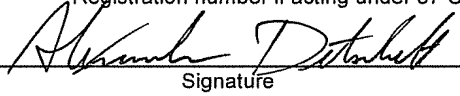
I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number 50,261

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____



Signature — February 11, 2008 (Date)

Alexander Detschelt (Typed or printed name) — 412-471-8815 (Telephone Number)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Doc. No.